

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CLINICAL ASSAY CALIBRATION ADJUSTMENT METHOD, the specification of which:

- is attached hereto.
 was filed on May 11, 2001 as Application Serial No. 09/853,867 and was amended on _____
 was described and claimed in PCT International Application No. _____ filed on _____
and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/203,565	May 11, 2000	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Dorothy P. Whelan, Reg. No. 33,814

Mark S. Ellinger, Reg. No. 34,812

Monica McCormick Graham, Reg. No. 42,600

Ronald C. Lundquist, Reg. No. 37,875

J. Patrick Finn III, Reg. No. 44,109

Richard J. Anderson, Reg. No. 36,723

H. Sanders Gwin Jr., Reg. No. 33,242

M. Angela Parsons, Reg. No. 44,282

Ruffin B. Cordell, Reg. No. 33,487

Rene D. Tegtmeyer, Reg. No. 33,567

Address all telephone calls to H. SANDERS GWIN, JR. at telephone number (612) 335-5070.

Address all correspondence to H. SANDERS GWIN, JR. at:

FISH & RICHARDSON P.C., P.A.

60 South Sixth Street

Suite 3300

Minneapolis, MN 55402

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

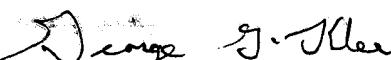
Combined Declaration and Power of Attorney

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Full Name of Inventor: GEORGE G. KLEE

Inventor's Signature:

Residence Address:



Date: Aug 23, 2001

5949 11th Avenue SW
Rochester, MN 55902

Citizenship:

Post Office Address:
5949 11th Avenue SW
Rochester, MN 55902

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